

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/30/02
2	✓	✓	3/30/02
3	✓	✓	3/30/02
4	✓	✓	3/30/02
5	✓	✓	3/30/02
6	✓	✓	3/30/02
7	✓	✓	3/30/02
8	✓	✓	3/30/02
9	✓	✓	3/30/02
10	✓	✓	3/30/02
11	✓	✓	3/30/02
12	✓	✓	3/30/02
13	✓	✓	3/30/02
14	✓	✓	3/30/02
15	✓	✓	3/30/02
16	✓	✓	3/30/02
17	✓	✓	3/30/02
18	✓	✓	3/30/02
19	✓	✓	3/30/02
20	✓	✓	3/30/02
21	✓	✓	3/30/02
22	✓	✓	3/30/02
23	✓	✓	3/30/02
24	✓	✓	3/30/02
25	✓	✓	3/30/02
26	✓	✓	3/30/02
27	✓	✓	3/30/02
28	✓	✓	3/30/02
29	✓	✓	3/30/02
30	✓	✓	3/30/02
31	✓	✓	3/30/02
32	✓	✓	3/30/02
33	✓	✓	3/30/02
34	✓	✓	3/30/02
35	✓	✓	3/30/02
36	✓	✓	3/30/02
37	✓	✓	3/30/02
38	✓	✓	3/30/02
39	✓	✓	3/30/02
40	✓	✓	3/30/02
41	✓	✓	3/30/02
42	✓	✓	3/30/02
43	✓	✓	3/30/02
44	✓	✓	3/30/02
45	✓	✓	3/30/02
46	✓	✓	3/30/02
47	✓	✓	3/30/02
48	✓	✓	3/30/02
49	✓	✓	3/30/02
50	✓	✓	3/30/02

If more than 150 claims or 10 actions  
staple additional sheet here

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